

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98742 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert A. Tunton

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

8

Months,

27

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1728 Mc Cuttlin St

Cause of Death,

{ First (Primary),

Acute Bronchitis

{ Second (Immediate),

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Mar 21/1888

{ Undertaker,

Mr. A. Dunge

M. D.

Medical Attendant.

{ Place of Business,

150 East St

Address,

4 W. B. ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,
Permit No. 98743 - Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Haines

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, 2 Months, 20 Days.

Color, Dark (colored)

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balta Co. Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 56 (old) E. Falls Ave

Cause of death, { First, (Primary,) Bilious Inflammation of bowels
Second, (Immediate,) Congestive Chills }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 21 1887

{ Undertaker, Wm A Dunbar } Mrs Jordan M. D.,
Place of Business, 150 East St Address, 1511 H. Lexington St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98744 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Cole

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 83/4 Months, — Days.

Color —

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1049 Van St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 3 1/2

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 22nd 1887

Undertaker, Saml W. Chase

C. C. McDowell M. D.
Medical Attendant.

Place of Business, 641 S Howard St Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98745 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mahalia Benton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, _____ Months, _____ Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } M.D.

Duration of Residence in the City of Baltimore, 56 yrs

Place of Death, { Give Street and Number. } 935. Leadenhall Str

Cause of Death, { First (Primary), Second (Immediate), } Concussion of Brain by fall
Apoplexy and Paralysis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 21st 1887

Undertaker, Wm. W. Chase M. D.

Place of Business, 418 Howard St Address, 224. Hill Str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98746 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annis Pakorey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, 13 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 827 N. Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Cholera

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, Mar. 20, 87

Undertaker, Frank Crach. Sw. Kloner M. D.

Medical Attendant.

Place of Business, 827 N. Durham St Address, Eyer Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98747 Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Mye

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Washing & Ironing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 18 years at place of death

Place of Death, { Give Street and Number. } Biddle Alley #70 old no

Cause of Death, { First (Primary), Second (Immediate), } Cramp from indigestion

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, March 21. 1887

{ Undertaker, Ab. Hensley

{ Place of Business, 541 Orchard St Address, _____

L. G. Spanow M. D.

Medical Attendant.

Crown

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98748 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Jane Clendinen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighty Two Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No 418 N. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Old Age, Asthenia

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 22 '87

{ Undertaker, Stewart Brown } { Medical Attendant, H. Clendinen, M. D. }

{ Place of Business, 35 Park Ave } { Address, No 418 N Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98749 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Ad

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 63 Years, 4 Months, 8 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Sweden - Sweden - 36 years in U.S.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 1101 Laurel Street

Cause of Death, { First (Primary), Second (Immediate), } Heart disease
Thrombosis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Mar 22nd 1887

Undertaker, Stewart & Mowbray L. E. Reinhard M. D.

Medical Attendant.

Place of Business, 35 Park Ave Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98750* Office of Registrar of Vital Statistics. Ward *16*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 20/87*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm Dwyer*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *32* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, *Printer*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Mass.*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, { Give Street and Number. } *500 S. Paca St*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis. Pulmonalis*

Duration of Last Sickness, *2 wks*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *March 22^d 1887*

{ Undertaker, *John J. Hatcher* M. D. Medical Attendant.

{ Place of Business, *No 150 Calver St* Address, *500 S Paca St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No.

98701

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8.20.87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 Years, 6 Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give Street and Number.} 347 Parkers St.

Cause of Death, {First (Primary), Septicaemia
Second (Immediate),}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 22nd 1887

{ Undertaker, McAdogan } M. D.

{ Place of Business, 227 Mulberry } Address, 347 Sept. St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]